you'll buy new equipment, expand your plants and create jobs. We need to find ways to help these small businesses provide health insurance by allowing association health plans, simplified billing, allow us to purchase health insurance across State lines and passing tort reform.

It's time for us to come up with the ways to help small business create jobs instead of finding ways to hinder them.

287(G) PROGRAM

(Mr. POLIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POLIS. Mr. Speaker, I rise today in strong opposition to the Federal 287(g) program. This unconscionable program authorizes local governments to carry out immigration law compliance, threatening law enforcement and our constitutional protections. We've seen Sheriff Arpaio of Maricopa County, Arizona, despicably racially profile and round up Latinos in front of TV cameras as he enforced his 287(g) powers. We've watched in horror as he and others who are a disgrace to the uniforms they wear detain people based solely upon the color of their skin.

Arpaio is now, thankfully, under investigation for civil rights violations for his discriminatory, unconstitutional searches and seizures. Nevertheless, I'm sad to announce that last Friday afternoon, ICE announced 287(g) agreements with 67 State and local law enforcement agencies across the county. 287(g) scares victims and witnesses of crimes to avoid contacting police for fear of being mistreated. 287 invites exploitation by those who know that they won't be reported to police because it combines the contradictory duties into the same police force.

What's the result? A sweep of terror that's frightened legal and undocumented immigrants into hiding, undermining law enforcement efforts across our country. 287(g) programs undermine the spirit and the text of the Constitution, and I encourage Congress to repeal 287(g).

□ 1030

HEALTH CARE AND SMALL BUSINESS

(Mr. GUTHRIE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GUTHRIE. Mr. Speaker, we can all agree that health care needs to be made more affordable and accessible. However, under the proposed House bill, those who are working to get our economy back on track will be burdened with financing the government takeover of health care.

Some in Congress want to enact a $544 billion surtax to help pay for the legislation. However, according to the data from the IRS, more than half of those targeted under the surtax are small business owners.

Small businesses have historically employed more than half of the U.S. workforce and have created more than 72 percent of the new jobs across the country. With unemployment climbing to record numbers and the Federal deficit reaching $1.4 trillion, Congress simply can't keep ignoring these issues.

Prior to being elected to Congress this year, I was working for my family's small business and know how important small businesses are not only to local communities but to our national economy as well.

Imposing taxes on small businesses that are doing all they can to stay afloat is not a viable answer and could make job losses even worse.

HEALTH CARE BILL IS MOVING FORWARD

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Mr. Speaker, I just want to say how proud I am of the fact that both in the House and the Senate we are now moving towards health care reform. The committees of jurisdiction have moved bills. The bills are now being prepared for a floor vote in both the House and the Senate.

It is so important to my constituents and to every American that we have affordable health insurance. The number of people without insurance continues to grow. The statistics about increased costs for health care and insurance next year continue to go up. We need to accomplish the goal of providing affordable insurance for everyone, and that's about to be accomplished here in the Congress—both in the House and the Senate.

I think we can move forward with these bills in the next few weeks and then go to conference and have a bill on the President's desk by the end of this year, which was the goal of President Obama since the beginning.

So we should be very proud of the fact that we are moving forward and that this is something that finally will be accomplished for the American people.

GOVERNMENT TAKEOVER OF HEALTH CARE

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, contrary to what my colleagues from across the aisle have said, Republicans do have commonsense plans for reforming health care. They're different from the Democrat plan for a government takeover of health care, which will be an economic burden that will fall squarely on the backs of small business owners and their workers.

At a time when Americans are cutting back and making sacrifices, they expect Washington to do the same. Instead, the Democrats' proposed government-run health care plan imposes $208 billion in new taxes on small businesses who simply cannot afford to pay for their employees' health care. An estimated 5.5 million jobs will be lost at a time when this country already suffers from unemployment not seen in 26 years.

The worst thing that Washington can do is introduce a job-killing health care plan that restricts the growth of small businesses during these tough economic times. The American people deserve better, and Republicans have proposed better ways.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1793) to amend title XXVI of the Public Health Service Act to revise and extend the program for providing life-saving care for those with HIV/AIDS.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1793

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCES.

(a) SHORT TITLE.—This Act may be cited as the ''Ryan White HIV/AIDS Treatment Extension Act of 2009''.

(b) REFERENCES.—Except as otherwise specified, whenever in this Act an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.).

SEC. 2. REAUTHORIZATION OF HIV HEALTH CARE SERVICES PROGRAM.

(a) ELIMINATION OF SUNSET PROVISION.—

(1) IN GENERAL.—The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109–415; 120 Stat. 2767) is amended by striking section 703.

(2) EFFECTIVE DATE.—Paragraph (1) shall take effect as if enacted on September 30, 2009.

(3) CONTINGENCY PROVISIONS.—Notwithstanding section 703 of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109–415; 120 Stat. 2767) and section 139 of the Continuing Appropriations Resolution, 2010—

(A) the provisions of title XXVI of the Public Health Service Act (42 U.S.C. 300ff et seq.), as in effect on September 30, 2009, are hereby revived; and

(B) the amendments made by this Act to title XXVI of the Public Health Service Act

(42 U.S.C. 300ff et seq.) shall apply to such title as so revived and shall take effect as if enacted on September 30, 2009.

(b) PART A GRANTS.—Section 2610(a) (42 U.S.C. 300ff–20(a)) is amended by striking ''and $649,500,000 for fiscal year 2009'' and inserting ''$649,500,000 for fiscal year 2009, $681,975,000 for fiscal year 2010, $716,074,000 for fiscal year 2011, $751,877,000 for fiscal year 2012, and $789,471,000 for fiscal year 2013''.

(c) PART B GRANTS.—Section 2623(a) (42 U.S.C. 300ff–32(a)) is amended by striking ''and $1,285,200,000 for fiscal year 2009'' and inserting ''$1,285,200,000 for fiscal year 2009, $1,349,460,000 for fiscal year 2010, $1,416,933,000 for fiscal year 2011, $1,487,780,000 for fiscal year 2012, and $1,562,169,000 for fiscal year 2013''.

(d) PART C GRANTS.—Section 2655 (42 U.S.C. 300ff–55) is amended by striking ''and $235,100,000 for fiscal year 2009'' and inserting ''$235,100,000 for fiscal year 2009, $246,855,000 for fiscal year 2010, $259,198,000 for fiscal year 2011, $272,158,000 for fiscal year 2012, and $285,766,000 for fiscal year 2013''.

(e) PART D GRANTS.—Section 2671(i) (42 U.S.C. 300ff–71(i)) is amended by inserting before the period at the end '', $75,390,000 for fiscal year 2010, $79,160,000 for fiscal year 2011, $83,117,000 for fiscal year 2012, and $87,273,000 for fiscal year 2013''.

(f) DEMONSTRATION AND TRAINING GRANTS UNDER PART F.—

(1) HIV/AIDS COMMUNITIES, SCHOOLS, AND CENTERS.—Section 2692(c) (42 U.S.C. 300ff–111(c)) is amended—

(A) in paragraph (1)—

(i) by striking ''is authorized'' and inserting ''are authorized''; and

(ii) by inserting before the period at the end '', $36,535,000 for fiscal year 2010, $38,257,000 for fiscal year 2011, $40,170,000 for fiscal year 2012, and $42,178,000 for fiscal year 2013'' ; and

(B) in paragraph (2)—

(i) by striking ''is authorized'' and inserting ''are authorized''; and

(ii) by inserting before the period at the end '', $13,650,000 for fiscal year 2010, $14,333,000 for fiscal year 2011, $15,049,000 for fiscal year 2012, and $15,802,000 for fiscal year 2013''.

(2) MINORITY AIDS INITIATIVE.—Section 2693 (42 U.S.C. 300ff–121) is amended—

(A) in subsection (a), by striking ''and $139,100,000 for fiscal year 2009.'' and inserting ''$139,100,000 for fiscal year 2009, $146,055,000 for fiscal year 2010, $153,358,000 for fiscal year 2011, $161,026,000 for fiscal year 2012, and $169,077,000 for fiscal year 2013. The Secretary shall develop a formula for the awarding of grants under subsections (b)(1)(A) and (b)(1)(B) that ensures that funding is provided based on the distribution of populations disproportionately impacted by HIV/AIDS.'';

(B) in subsection (b)(2)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking ''competitive,''; and

(II) by adding at the end the following:

''(iv) For fiscal year 2010, $46,738,000.

''(v) For fiscal year 2011, $49,075,000.

''(vi) For fiscal year 2012, $51,528,000.

''(vii) For fiscal year 2013, $54,105,000.'';

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by striking ''competitive''; and

(II) by adding at the end the following:

''(iv) For fiscal year 2010, $8,763,000.

''(v) For fiscal year 2011, $9,202,000.

''(vi) For fiscal year 2012, $9,662,000.

''(vii) For fiscal year 2013, $10,145,000.'';

(iii) in subparagraph (C), by adding at the end the following:

''(iv) For fiscal year 2010, $61,343,000.

''(v) For fiscal year 2011, $64,410,000.

''(vi) For fiscal year 2012, $67,631,000.

''(vii) For fiscal year 2013, $71,012,000.'';

(iv) in subparagraph (D), by striking ''$18,500,000'' and all that follows through the period and inserting the following: ''the following, as applicable:

''(i) For fiscal year 2010, $20,448,000.

''(ii) For fiscal year 2011, $21,470,000.

''(iii) For fiscal year 2012, $22,543,000.

''(iv) For fiscal year 2013, $23,671,000.''; and

(v) in subparagraph (E), by striking ''$8,500,000'' and all that follows through the period and inserting the following: ''the following, as applicable:

''(i) For fiscal year 2010, $8,763,000.

''(ii) For fiscal year 2011, $9,201,000.

''(iii) For fiscal year 2012, $9,662,000.

''(iv) For fiscal year 2013, $10,144,000.''; and

(C) by adding at the end the following:

''(d) SYNCHRONIZATION OF MINORITY AIDS INITIATIVE.—For fiscal year 2010 and each subsequent fiscal year, the Secretary shall incorporate and synchronize the schedule of application submissions and funding availability under this section with the schedule of application submissions and funding availability under the corresponding provisions of this title XXVI as follows:

''(1) The schedule for carrying out subsection (b)(1)(A) shall be the same as the schedule applicable to emergency assistance under part A.

''(2) The schedule for carrying out subsection (b)(1)(B) shall be the same as the schedule applicable to care grants under part B.

''(3) The schedule for carrying out subsection (b)(1)(C) shall be the same as the schedule applicable to grants for early intervention services under part C.

''(4) The schedule for carrying out subsection (b)(1)(D) shall be the same as the schedule applicable to grants for services through projects for HIV-related care under part D.

''(5) The schedule for carrying out subsection (b)(1)(E) shall be the same as the schedule applicable to grants and contracts for activities through education and training centers under section 2692.''.

(3) HHS REPORT.—Not later than 6 months after the publication of the Government Accountability Office Report on the Minority Aids Initiative described in section 2686, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress a Departmental plan for using funding under section 2693 of the Public Health Service Act (42 U.S.C. 300ff–93) in all relevant agencies to build capacity, taking into consideration the best practices included in such Report.

(g) GAO REPORT.—Section 2686 (42 U.S.C. 300ff–86) is amended to read as follows:

''SEC. 2686. GAO REPORT.

''The Comptroller General of the Government Accountability Office shall, not less than 1 year after the date of enactment of the Ryan White HIV/AIDS Treatment Extension Act of 2009, submit to the appropriate committees of Congress a report describing Minority AIDS Initiative activities across the Department of Health and Human Services, including programs under this title and programs at the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and other departmental agencies. Such report shall include a history of program activities within each relevant agency and a description of activities conducted, people served and types of grantees funded, and shall collect and describe best practices in community outreach and capacity-building of community based organizations serving the communities that are disproportionately affected by HIV/AIDS.''.

SEC. 3. EXTENDED EXEMPTION PERIOD FOR NAMES-BASED REPORTING.

(a) PART A GRANTS.—Section 2603(a)(3) (42 U.S.C. 300ff–13(a)(3)) is amended—

(1) in subparagraph (C)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking ''2009'' and inserting ''2012''; and

(ii) in subclause (II), by striking ''or 2009'' and inserting ''or a subsequent fiscal year through fiscal year 2012'';

(B) in clause (iv), by striking ''2010'' and inserting ''2012'';

(C) in clause (v), by inserting ''or a subsequent fiscal year'' after ''2009'';

(D) in clause (vi)(II), by inserting after ''5 percent'' the following: ''for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)'';

(E) in clause (ix)(II)—

(i) by striking ''2010'' and inserting ''2013''; and

(ii) by striking ''2009'' and inserting ''2012''; and

(F) by adding at the end the following:

''(xi) FUTURE FISCAL YEARS.—For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the area involved.''; and

(2) in subparagraph (D)—

(A) in clause (i)—

(i) in the matter preceding subclause (I), by striking ''2009'' and inserting ''2012''; and

(ii) in subclause (II), by striking ''and 2009'' and inserting ''through 2012''; and

(B) in clause (ii), by striking ''2009'' and inserting ''2012''.

(b) PART B GRANTS.—Section 2618(a)(2) (42 U.S.C. 300ff–28(a)(2)) is amended—

(1) in subparagraph (D)—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by striking ''2009'' and inserting ''2012''; and

(ii) in subclause (II), by striking ''or 2009'' and inserting ''or a subsequent fiscal year through fiscal year 2012'';

(B) in clause (iv), by striking ''2010'' and inserting ''2012'';

(C) in clause (v), by inserting ''or a subsequent fiscal year'' after ''2009'';

(D) in clause (vi)(II), by inserting after ''5 percent'' the following: ''for fiscal years before fiscal year 2012 (and 6 percent for fiscal year 2012)'';

(E) in clause (viii)(II)—

(i) by striking ''2010'' and inserting ''2013''; and

(ii) by striking ''2009'' and inserting ''2012''; and

(F) by adding at the end the following:

''(x) FUTURE FISCAL YEARS.—For fiscal years beginning with fiscal year 2013, determinations under this paragraph shall be based only on living names-based cases of HIV/AIDS with respect to the State involved.''; and

(2) in subparagraph (E), by striking ''2009'' each place it appears and inserting ''2012''.

SEC. 4. EXTENSION OF TRANSITIONAL GRANT AREA STATUS.

(a) ELIGIBILITY.—Section 2609 (42 U.S.C. 300ff–19) is amended—

(1) in subsection (c)(1)—

(A) in the heading, by striking ''2007'' and inserting ''2011''; and

(B) by striking ''2007'' each place it appears and inserting ''2011''; and

(C) by striking ''2006'' and inserting ''2010'';

(2) in subsection (c)(2)—

(A) in subparagraph (A)(ii), by striking ''to have a'' and inserting ''subject to subparagraphs (B) and (C), to have a'';

(B) by redesignating subparagraph (B) as subparagraph (C);

(C) by inserting after subparagraph (A) the following:

''(B) PERMITTING MARGIN OF ERROR APPLICABLE TO CERTAIN METROPOLITAN AREAS.—In applying subparagraph (A)(ii) for a fiscal year after fiscal year 2008, in the case of a metropolitan area that has a cumulative total of at least 1,400 (and fewer than 1,500) living cases of AIDS as of December 31 of the most recent calendar year for which such data is available, such area shall be treated as having met the criteria of such subparagraph if not more than 5 percent of the total from grants awarded to such area under this part is unobligated as of the end of the most recent fiscal year for which such data is available.''; and

(D) in subparagraph (C), as so redesignated, by striking ''Subparagraph (A) does not apply'' and inserting ''Subparagraphs (A) and (B) do not apply''; and

(3) in subsection (d)(1)(B), strike ''2009'' and insert ''2013''.

(b) TRANSFER OF AMOUNTS DUE TO CHANGE IN STATUS AS TRANSITIONAL AREA.—Subparagraph (B) of section 2610(c)(2) (42 U.S.C. 300ff–20(c)(2)) is amended—

(1) by striking ''(B)'' and inserting ''(B)(i) subject to clause (ii),'';

(2) by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(ii) for each of fiscal years 2010 through 2013, notwithstanding subsection (a)—

''(I) there shall be transferred to the State containing the metropolitan area, for purposes described in section 2612(a), an amount (which shall not be taken into account in applying section 2618(a)(2)(H)) equal to—

''(aa) for the first fiscal year of the metropolitan area not being a transitional area, 75 percent of the amount described in subparagraph (A)(i) for such area;

''(bb) for the second fiscal year of the metropolitan area not being a transitional area, 50 percent of such amount; and

''(cc) for the third fiscal year of the metropolitan area not being a transitional area, 25 percent of such amount; and

''(II) there shall be transferred and made available for grants pursuant to section 2618(a)(1) for the fiscal year, in addition to amounts available for such grants under section 2623, an amount equal to the total amount of the reduction for such fiscal year under subparagraph (A), less the amount transferred for such fiscal year under subclause (I).''.

SEC. 5. HOLD HARMLESS.

(a) PART A GRANTS.—Section 2603(a)(4) (42 U.S.C. 300ff–13(a)(4)) is amended—

(1) in the matter preceding clause (i) in subparagraph (A)—

(A) by striking ''2006'' and inserting ''2009''; and

(B) by striking ''2007 through 2009'' and inserting ''2010 through 2013'';

(2) by striking clauses (i) and (ii) in subparagraph (A) and inserting the following:

''(i) For fiscal year 2010, an amount equal to 95 percent of the sum of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2009.

''(ii) For each of the fiscal years 2011 and 2012, an amount equal to 100 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2010.

''(iii) For fiscal year 2013, an amount equal to 92.5 percent of the amount of the grant made pursuant to paragraph (3) and this paragraph for fiscal year 2012.''; and

(3) in subparagraph (C), by striking ''2009'' and inserting ''2013''.

(b) PART B GRANTS.—Section 2618(a)(2)(H) (42 U.S.C. 300ff–28(a)(2)(H)) is amended—

(1) in clause (i)(I)—

(A) by striking ''2007'' and inserting ''2010''; and

(B) by striking ''2006'' and inserting ''2009'';

(2) by striking clause (ii) and redesignating clause (iii) as clause (ii);

(3) in clause (ii), as so redesignated—

(A) in the heading, by striking ''2008 AND 2009'' and inserting ''2011 AND 2012'';

(B) by striking ''2008 and 2009'' and inserting ''2011 and 2012''; and

(C) by striking ''2007'' and inserting ''2010'';

(4) by inserting after clause (ii), as so redesignated, the following new clause:

''(iii) FISCAL YEAR 2013.—For fiscal year 2013, the Secretary shall ensure that the total for a State of the grant pursuant to paragraph (1) and the grant pursuant to subparagraph (F) is not less than 92.5 percent of such total for the State for fiscal year 2012.''; and

(5) in clause (v), by striking ''2009'' and inserting ''2013''.

(c) TECHNICAL CORRECTIONS.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(1) in subparagraphs (A)(i) and (H) of section 2618(a)(2), by striking the term ''subparagraph (G)'' each place it appears and inserting ''subparagraph (F)'';

(2) in sections 2620(a)(2), 2622(c)(1), and 2622(c)(4)(A), by striking ''2618(a)(2)(G)(i)'' and inserting ''2618(a)(2)(F)(i)'';

(3) in sections 2622(a) and 2623(b)(2)(A), by striking ''2618(a)(2)(G)'' and inserting ''2618(a)(2)(F)''; and

(4) in section 2622(b), by striking ''2618(a)(2)(G)(ii)'' and inserting ''2618(a)(2)(F)(ii)''.

SEC. 6. AMENDMENTS TO THE GENERAL GRANT PROVISIONS.

(a) ADMINISTRATION AND PLANNING COUNCIL.—Section 2602(b)(4) (42 U.S.C. 300ff–12(b)(4)) is amended—

(1) in subparagraph (A), by inserting '', as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status'' after ''HIV/AIDS'';

(2) in subparagraph (B)—

(A) in clause (i), by striking ''and'' at the end after the semicolon;

(B) in clause (ii), by inserting ''and'' after the semicolon; and

(C) by adding at the end the following:

''(iii) individuals with HIV/AIDS who do not know their HIV status;''; and

(3) in subparagraph (D)—

(A) in clause (ii), by striking ''and'' at the end after the semicolon;

(B) in clause (iii), by inserting ''and'' after the semicolon; and

(C) by adding at the end the following:

''(iv) includes a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities;''.

(b) TYPE AND DISTRIBUTION OF GRANTS.—Section 2603(b) (42 U.S.C. 300ff–13(b)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (G), by striking ''and'' at the end after the semicolon;

(B) in subparagraph (H), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(I) demonstrates success in identifying individuals with HIV/AIDS as described in clauses (i) through (iii) of paragraph (2)(A).''; and

(2) in paragraph (2)(A), by striking the period and inserting: '', and demonstrated success in identifying individuals with HIV/AIDS who do not know their HIV status and making them aware of such status counting one-third. In making such determination, the Secretary shall consider—

''(i) the number of individuals who have been tested for HIV/AIDS;

''(ii) of those individuals described in clause (i), the number of individuals who tested for HIV/AIDS who are made aware of their status, including the number who test positive; and

''(iii) of those individuals described in clause (ii), the number who have been referred to appropriate treatment and care.''.

(c) APPLICATION.—Section 2605(b)(1) (42 U.S.C. 300ff–15(b)(1)) is amended by inserting '', including the identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A)'' before the semicolon at the end.

SEC. 7. INCREASE IN ADJUSTMENT FOR NAMES-BASED REPORTING.

(a) PART A GRANTS.—

(1) FORMULA GRANTS.—Section 2603(a)(3)(C)(vi) (42 U.S.C. 300ff–13(a)(3)(C)(vi)) is amended by adding at the end the following:

''(III) INCREASED ADJUSTMENT FOR CERTAIN AREAS PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if—

''(aa) for fiscal year 2007, such area was a transitional area;

''(bb) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this section, was based on a names-based reporting system; and

''(cc) the amount of funding that such area received under this part for fiscal year 2007 was less than 70 percent of the amount of funding (exclusive of funds that were identified as being for purposes of the Minority AIDS Initiative) that such area received under such part for fiscal year 2006.''.

(2) SUPPLEMENTAL GRANTS.—Section 2603(b)(2) (42 U.S.C. 300ff–13(b)(2)) is amended by adding at the end the following:

''(D) INCREASED ADJUSTMENT FOR CERTAIN AREAS PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subsection for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in an area that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if the conditions described in items (aa) through (cc) of subsection (a)(3)(C)(vi)(III) are all satisfied.''.

(b) PART B GRANTS.—Section 2618(a)(2)(D)(vi) (42 U.S.C. 300ff–28(a)(2)(D)(vi)) is amended by adding at the end the following:

''(III) INCREASED ADJUSTMENT FOR CERTAIN STATES PREVIOUSLY USING CODE-BASED REPORTING.—For purposes of this subparagraph for each of fiscal years 2010 through 2012, the Secretary shall deem the applicable number of living cases of HIV/AIDS in a State that were reported to and confirmed by the Centers for Disease Control and Prevention to be 3 percent higher than the actual number if—

''(aa) there is an area in such State that satisfies all of the conditions described in items (aa) through (cc) of section 2603(a)(3)(C)(vi)(III); or

''(bb)(AA) fiscal year 2007 was the first year in which the count of living non-AIDS cases of HIV in such area, for purposes of this part, was based on a names-based reporting system; and

''(BB) the amount of funding that such State received under this part for fiscal year 2007 was less than 70 percent of the amount of funding that such State received under such part for fiscal year 2006.''.

SEC. 8. TREATMENT OF UNOBLIGATED FUNDS.

(a) ELIGIBILITY FOR SUPPLEMENTAL GRANTS.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(1) in section 2603(b)(1)(H) (42 U.S.C. 300ff–13(b)(1)(H)), by striking ''2 percent'' and inserting ''5 percent''; and

(2) in section 2620(a)(2) (42 U.S.C. 300ff–29a(a)(2)), by striking ''2 percent'' and inserting ''5 percent''.

(b) CORRESPONDING REDUCTION IN FUTURE GRANT.—

(1) IN GENERAL.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(A) in section 2603(c)(3)(D)(i)(42 U.S.C. 300ff–13(c)(3)(D)(i)), in the matter following subclause (II), by striking ''2 percent'' and inserting ''5 percent''; and

(B) in section 2622(c)(4)(A) (42 U.S.C. 300ff–31a(c)(4)(A)), in the matter following clause (ii), by striking ''2 percent'' and inserting ''5 percent''.

(2) AUTHORITY REGARDING ADMINISTRATION OF PROVISION.—Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended—

(A) in section 2603(c) (42 U.S.C. 300ff–13(c)), by adding at the end the following:

''(4) AUTHORITY REGARDING ADMINISTRATION OF PROVISIONS.—In administering paragraphs (2) and (3) with respect to the unobligated balance of an eligible area, the Secretary may elect to reduce the amount of future grants to the area under subsection (a) or (b), as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in paragraph (2) or (3)(A). In such case, the Secretary may permit the area to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to subsection (b), subject to subsection (a)(4) and section 2610(d)(2). Nothing in this paragraph shall be construed to affect the authority of the Secretary under paragraphs (2) and (3), including the authority to grant waivers under paragraph (3)(A). The reduction in future grants authorized under this paragraph shall be notwithstanding the penalty required under paragraph (3)(D) with respect to unobligated funds.'';

(B) in section 2622 (42 U.S.C. 300ff–31a), by adding at the end the following:

''(e) AUTHORITY REGARDING ADMINISTRATION OF PROVISIONS.—In administering subsections (b) and (c) with respect to the unobligated balance of a State, the Secretary may elect to reduce the amount of future grants to the State under section 2618, 2620, or 2621, as applicable, by the amount of any such unobligated balance in lieu of cancelling such amount as provided for in subsection (b) or (c)(1). In such case, the Secretary may permit the State to use such unobligated balance for purposes of any such future grant. An amount equal to such reduction shall be available for use as additional amounts for grants pursuant to section 2620, subject to section 2618(a)(2)(H). Nothing in this paragraph shall be construed to affect the authority of the Secretary under subsections (b) and (c), including the authority to grant waivers under subsection (c)(1). The reduction in future grants authorized under this subsection shall be notwithstanding the penalty required under subsection (c)(4) with respect to unobligated funds.'';

(C) in section 2603(b)(1)(H) (42 U.S.C. 300ff–13(b)(1)(H)), by striking ''canceled'' and inserting ''canceled, offset under subsection (c)(4),''; and

(D) in section 2620(a)(2) (42 U.S.C. 300ff–29a(a)(2)), by striking ''canceled'' and inserting ''canceled, offset under section 2622(e),''.

(c) CONSIDERATION OF WAIVER AMOUNTS IN DETERMINING UNOBLIGATED BALANCES.—

(1) PART A GRANTS.—Section 2603(c)(3)(D)(i)(I) (42 U.S.C. 300ff–14(c)(3)(D)(i)(I)) is amended by inserting after ''unobligated balance'' the following: ''(less any amount of such balance that is the subject of a waiver of cancellation under subparagraph (A))''.

(2) PART B GRANTS.—Section 2622(c)(4)(A)(i) (42 U.S.C. 300ff—31a(c)(4)(A)(i)) is amended by inserting after ''unobligated balance'' the following: ''(less any amount of such balance that is the subject of a waiver of cancellation under paragraph (1))''.

SEC. 9. APPLICATIONS BY STATES.

Section 2617(b) (42 U.S.C. Section 300ff–27(b)) is amended—

(1) in paragraph (6), by striking ''and'' at the end;

(2) in paragraph (7), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(8) a comprehensive plan—

''(A) containing an identification of individuals with HIV/AIDS as described in clauses (i) through (iii) of section 2603(b)(2)(A) and the strategy required under section 2602(b)(4)(D)(iv);

''(B) describing the estimated number of individuals within the State with HIV/AIDS who do not know their status;

''(C) describing activities undertaken by the State to find the individuals described in subparagraph (A) and to make such individuals aware of their status;

''(D) describing the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS; and

''(E) describing efforts to remove legal barriers, including State laws and regulations, to routine testing.''.

SEC. 10. ADAP REBATE FUNDS.

(a) USE OF UNOBLIGATED FUNDS.—Section 2622(d) (42 U.S.C. 300ff–31a(d)) is amended by adding at the end the following: ''If an expenditure of ADAP rebate funds would trigger a penalty under this section or a higher penalty than would otherwise have applied, the State may request that for purposes of this section, the Secretary deem the State's unobligated balance to be reduced by the amount of rebate funds in the proposed expenditure. Notwithstanding 2618(a)(2)(F), any unobligated amount under section 2618(a)(2)(F)(ii)(V) that is returned to the Secretary for reallocation shall be used by the Secretary for—

''(1) the ADAP supplemental program if the Secretary determines appropriate; or

''(2) for additional amounts for grants pursuant to section 2620.''.

(b) TECHNICAL CORRECTION.—Subclause (V) of section 2618(a)(2)(F)(ii) (42 U.S.C. 300ff–28(a)(2)(F)(ii)) is amended by striking '', subject to subclause (VI)''.

SEC. 11. APPLICATION TO PRIMARY CARE SERVICES.

(a) IN GENERAL.—Section 2671 (42 U.S.C. 300ff–71), as amended, is amended—

(1) by redesignating subsection (i) as subsection (j);

(2) in subsection (g), by striking ''subsection (i)'' and inserting ''subsection (j)''; and

(3) by inserting after subsection (h) the following:

''(i) APPLICATION TO PRIMARY CARE SERVICES.—Nothing in this part shall be construed as requiring funds under this part to be used for primary care services when payments are available for such services from other sources (including under titles XVIII, XIX, and XXI of the Social Security Act).''.

(b) PROVISION OF CARE THROUGH MEMORANDUM OF UNDERSTANDING.—Section 2671(a) (42 U.S.C. 300ff–71(a)) is amended by striking ''(directly or through contracts)'' and inserting ''(directly or through contracts or memoranda of understanding)''.

SEC. 12. NATIONAL HIV/AIDS TESTING GOAL.

Part E of title XXVI (42 U.S.C. 300ff–81 et seq.) is amended—

(1) by redesignating section 2688 as section 2689; and

(2) by inserting after section 2687 the following:

''SEC. 2688. NATIONAL HIV/AIDS TESTING GOAL.

''(a) IN GENERAL.—Not later than January 1, 2010, the Secretary shall establish a national HIV/AIDS testing goal of 5,000,000 tests for HIV/AIDS annually through federally-supported HIV/AIDS prevention, treatment, and care programs, including programs under this title and other programs administered by the Centers for Disease Control and Prevention.

''(b) ANNUAL REPORT.—Not later than January 1, 2011, and annually thereafter, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall submit to Congress a report describing, with regard to the preceding 12-month reporting period—

''(1) whether the testing goal described in subsection (a) has been met;

''(2) the total number of individuals tested through federally-supported and other HIV/AIDS prevention, treatment, and care programs in each State;

''(3) the number of individuals who—

''(A) prior to such 12-month period, were unaware of their HIV status; and

''(B) through federally-supported and other HIV/AIDS prevention, treatment, and care programs, were diagnosed and referred into treatment and care during such period;

''(4) any barriers, including State laws and regulations, that the Secretary determines to be a barrier to meeting the testing goal described in subsection (a);

''(5) the amount of funding the Secretary determines necessary to meet the annual testing goal in the following 12 months and the amount of Federal funding expended to meet the testing goal in the prior 12-month period; and

''(6) the most cost-effective strategies for identifying and diagnosing individuals who were unaware of their HIV status, including voluntary testing with pre-test counseling, routine screening including opt-out testing, partner counseling and referral services, and mass media campaigns.

''(c) REVIEW OF PROGRAM EFFECTIVENESS.—Not later than 1 year after the date of enactment of this section, the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall submit a report to Congress based on a comprehensive review of each of the programs and activities conducted by the Centers for Disease Control and Prevention as part of the Domestic HIV/AIDS Prevention Activities, including the following:

''(1) The amount of funding provided for each program or activity.

''(2) The primary purpose of each program or activity.

''(3) The annual goals for each program or activity.

''(4) The relative effectiveness of each program or activity with relation to the other programs and activities conducted by the Centers for Disease Control and Prevention, based on the—

''(A) number of previously undiagnosed individuals with HIV/AIDS made aware of their status and referred into the appropriate treatment;

''(B) amount of funding provided for each program or activity compared to the number of undiagnosed individuals with HIV/AIDS made aware of their status;

''(C) program's contribution to the National HIV/AIDS testing goal; and

''(D) progress made toward the goals described in paragraph (3).

''(5) Recommendations if any to Congress on ways to allocate funding for domestic HIV/AIDS prevention activities and programs in order to achieve the National HIV/AIDS testing goal.

''(d) COORDINATION WITH OTHER FEDERAL ACTIVITIES.—In pursuing the National HIV/AIDS testing goal, the Secretary, where appropriate, shall consider and coordinate with other national strategies conducted by the Federal Government to address HIV/AIDS.''.

SEC. 13. NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES.

Title XXVI (42 U.S.C. 300ff–11 et seq.) is amended by adding at the end the following:

''PART G—NOTIFICATION OF POSSIBLE EXPOSURE TO INFECTIOUS DISEASES

''SEC. 2695. INFECTIOUS DISEASES AND CIRCUMSTANCES RELEVANT TO NOTIFICATION REQUIREMENTS.

''(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this part, the Secretary shall complete the development of—

''(1) a list of potentially life-threatening infectious diseases, including emerging infectious diseases, to which emergency response employees may be exposed in responding to emergencies;

''(2) guidelines describing the circumstances in which such employees may be exposed to such diseases, taking into account the conditions under which emergency response is provided; and

''(3) guidelines describing the manner in which medical facilities should make determinations for purposes of section 2695B(d).

''(b) SPECIFICATION OF AIRBORNE INFECTIOUS DISEASES.—The list developed by the Secretary under subsection (a)(1) shall include a specification of those infectious diseases on the list that are routinely transmitted through airborne or aerosolized means.

''(c) DISSEMINATION.—The Secretary shall—

''(1) transmit to State public health officers copies of the list and guidelines developed by the Secretary under subsection (a) with the request that the officers disseminate such copies as appropriate throughout the States; and

''(2) make such copies available to the public.

''SEC. 2695A. ROUTINE NOTIFICATIONS WITH RESPECT TO AIRBORNE INFECTIOUS DISEASES IN VICTIMS ASSISTED.

''(a) ROUTINE NOTIFICATION OF DESIGNATED OFFICER.—

''(1) DETERMINATION BY TREATING FACILITY.—If a victim of an emergency is transported by emergency response employees to a medical facility and the medical facility makes a determination that the victim has an airborne infectious disease, the medical facility shall notify the designated officer of the emergency response employees who transported the victim to the medical facility of the determination.

''(2) DETERMINATION BY FACILITY ASCERTAINING CAUSE OF DEATH.—If a victim of an emergency is transported by emergency response employees to a medical facility and the victim dies at or before reaching the medical facility, the medical facility ascertaining the cause of death shall notify the designated officer of the emergency response employees who transported the victim to the initial medical facility of any determination by the medical facility that the victim had an airborne infectious disease.

''(b) REQUIREMENT OF PROMPT NOTIFICATION.—With respect to a determination described in paragraph (1) or (2) of subsection (a), the notification required in each of such paragraphs shall be made as soon as is practicable, but not later than 48 hours after the determination is made.

''SEC. 2695B. REQUEST FOR NOTIFICATION WITH RESPECT TO VICTIMS ASSISTED.

''(a) INITIATION OF PROCESS BY EMPLOYEE.—If an emergency response employee believes that the employee may have been exposed to an infectious disease by a victim of an emergency who was transported to a medical facility as a result of the emergency, and if the employee attended, treated, assisted, or transported the victim pursuant to the emergency, then the designated officer of the employee shall, upon the request of the employee, carry out the duties described in subsection (b) regarding a determination of whether the employee may have been exposed to an infectious disease by the victim.

''(b) INITIAL DETERMINATION BY DESIGNATED OFFICER.—The duties referred to in subsection (a) are that—

''(1) the designated officer involved collect the facts relating to the circumstances under which, for purposes of subsection (a), the employee involved may have been exposed to an infectious disease; and

''(2) the designated officer evaluate such facts and make a determination of whether, if the victim involved had any infectious disease included on the list issued under paragraph (1) of section 2695(a), the employee would have been exposed to the disease under such facts, as indicated by the guidelines issued under paragraph (2) of such section.

''(c) SUBMISSION OF REQUEST TO MEDICAL FACILITY.—

''(1) IN GENERAL.—If a designated officer makes a determination under subsection (b)(2) that an emergency response employee may have been exposed to an infectious disease, the designated officer shall submit to the medical facility to which the victim involved was transported a request for a response under subsection (d) regarding the victim of the emergency involved.

''(2) FORM OF REQUEST.—A request under paragraph (1) shall be in writing and be signed by the designated officer involved, and shall contain a statement of the facts collected pursuant to subsection (b)(1).

''(d) EVALUATION AND RESPONSE REGARDING REQUEST TO MEDICAL FACILITY.—

''(1) IN GENERAL.—If a medical facility receives a request under subsection (c), the medical facility shall evaluate the facts submitted in the request and make a determination of whether, on the basis of the medical information possessed by the facility regarding the victim involved, the emergency response employee was exposed to an infectious disease included on the list issued under paragraph (1) of section 2695(a), as indicated by the guidelines issued under paragraph (2) of such section.

''(2) NOTIFICATION OF EXPOSURE.—If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has been exposed to an infectious disease, the medical facility shall, in writing, notify the designated officer who submitted the request under subsection (c) of the determination.

''(3) FINDING OF NO EXPOSURE.—If a medical facility makes a determination under paragraph (1) that the emergency response employee involved has not been exposed to an infectious disease, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the determination.

''(4) INSUFFICIENT INFORMATION.—

''(A) If a medical facility finds in evaluating facts for purposes of paragraph (1) that the facts are insufficient to make the determination described in such paragraph, the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of the facts.

''(B)(i) If a medical facility finds in making a determination under paragraph (1) that the facility possesses no information on whether the victim involved has an infectious disease included on the list under section 2695(a), the medical facility shall, in writing, inform the designated officer who submitted the request under subsection (c) of the insufficiency of such medical information.

''(ii) If after making a response under clause (i) a medical facility determines that the victim involved has an infectious disease, the medical facility shall make the determination described in paragraph (1) and provide the applicable response specified in this subsection.

''(e) TIME FOR MAKING RESPONSE.—After receiving a request under subsection (c) (including any such request resubmitted under subsection (g)(2)), a medical facility shall make the applicable response specified in subsection (d) as soon as is practicable, but not later than 48 hours after receiving the request.

''(f) DEATH OF VICTIM OF EMERGENCY.—

''(1) FACILITY ASCERTAINING CAUSE OF DEATH.—If a victim described in subsection (a) dies at or before reaching the medical facility involved, and the medical facility receives a request under subsection (c), the medical facility shall provide a copy of the request to the medical facility ascertaining the cause of death of the victim, if such facility is a different medical facility than the facility that received the original request.

''(2) RESPONSIBILITY OF FACILITY.—Upon the receipt of a copy of a request for purposes of paragraph (1), the duties otherwise established in this part regarding medical facilities shall apply to the medical facility ascertaining the cause of death of the victim in the same manner and to the same extent as such duties apply to the medical facility originally receiving the request.

''(g) ASSISTANCE OF PUBLIC HEALTH OFFICER.—

''(1) EVALUATION OF RESPONSE OF MEDICAL FACILITY REGARDING INSUFFICIENT FACTS.—

''(A) In the case of a request under subsection (c) to which a medical facility has made the response specified in subsection (d)(4)(A) regarding the insufficiency of facts, the public health officer for the community in which the medical facility is located shall evaluate the request and the response, if the designated officer involved submits such documents to the officer with the request that the officer make such an evaluation.

''(B) As soon as is practicable after a public health officer receives a request under subparagraph (A), but not later than 48 hours after receipt of the request, the public health officer shall complete the evaluation required in such paragraph and inform the designated officer of the results of the evaluation.

''(2) FINDINGS OF EVALUATION.—

''(A) If an evaluation under paragraph (1)(A) indicates that the facts provided to the medical facility pursuant to subsection (c) were sufficient for purposes of determinations under subsection (d)(1)—

''(i) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

''(ii) the medical facility shall provide to the designated officer the applicable response specified in subsection (d).

''(B) If an evaluation under paragraph (1)(A) indicates that the facts provided in the

request to the medical facility were insufficient for purposes of determinations specified in subsection (c)—

''(i) the public health officer shall provide advice to the designated officer regarding the collection and description of appropriate facts; and

''(ii) if sufficient facts are obtained by the designated officer—

''(I) the public health officer shall, on behalf of the designated officer involved, resubmit the request to the medical facility; and

''(II) the medical facility shall provide to the designated officer the appropriate response under subsection (c).

''SEC. 2695C. PROCEDURES FOR NOTIFICATION OF EXPOSURE.

''(a) CONTENTS OF NOTIFICATION TO OFFICER.—In making a notification required under section 2695A or section 2695B(d)(2), a medical facility shall provide—

''(1) the name of the infectious disease involved; and

''(2) the date on which the victim of the emergency involved was transported by emergency response employees to the medical facility involved.

''(b) MANNER OF NOTIFICATION.—If a notification under section 2695A or section 2695B(d)(2) is mailed or otherwise indirectly made—

''(1) the medical facility sending the notification shall, upon sending the notification, inform the designated officer to whom the notification is sent of the fact that the notification has been sent; and

''(2) such designated officer shall, not later than 10 days after being informed by the medical facility that the notification has been sent, inform such medical facility whether the designated officer has received the notification.

''SEC. 2695D. NOTIFICATION OF EMPLOYEE.

''(a) IN GENERAL.—After receiving a notification for purposes of section 2695A or 2695B(d)(2), a designated officer of emergency response employees shall, to the extent practicable, immediately notify each of such employees who—

''(1) responded to the emergency involved; and

''(2) as indicated by guidelines developed by the Secretary, may have been exposed to an infectious disease.

''(b) CERTAIN CONTENTS OF NOTIFICATION TO EMPLOYEE.—A notification under this subsection to an emergency response employee shall inform the employee of—

''(1) the fact that the employee may have been exposed to an infectious disease and the name of the disease involved;

''(2) any action by the employee that, as indicated by guidelines developed by the Secretary, is medically appropriate; and

''(3) if medically appropriate under such criteria, the date of such emergency.

''(c) RESPONSES OTHER THAN NOTIFICATION OF EXPOSURE.—After receiving a response under paragraph (3) or (4) of subsection (d) of section 2695B, or a response under subsection (g)(1) of such section, the designated officer for the employee shall, to the extent practicable, immediately inform the employee of the response.

''SEC. 2695E. SELECTION OF DESIGNATED OFFICERS.

''(a) IN GENERAL.—For the purposes of receiving notifications and responses and making requests under this part on behalf of emergency response employees, the public health officer of each State shall designate 1 official or officer of each employer of emergency response employees in the State.

''(b) PREFERENCE IN MAKING DESIGNATIONS.—In making the designations required in subsection (a), a public health officer shall give preference to individuals who are trained in the provision of health care or in the control of infectious diseases.

''SEC. 2695F. LIMITATION WITH RESPECT TO DUTIES OF MEDICAL FACILITIES.

''The duties established in this part for a medical facility—

''(1) shall apply only to medical information possessed by the facility during the period in which the facility is treating the victim for conditions arising from the emergency, or during the 60-day period beginning on the date on which the victim is transported by emergency response employees to the facility, whichever period expires first; and

''(2) shall not apply to any extent after the expiration of the 30-day period beginning on the expiration of the applicable period referred to in paragraph (1), except that such duties shall apply with respect to any request under section 2695B(c) received by a medical facility before the expiration of such 30-day period.

''SEC. 2695G. MISCELLANEOUS PROVISIONS.

''(a) LIABILITY OF MEDICAL FACILITIES, DESIGNATED OFFICERS, PUBLIC HEALTH OFFICERS, AND GOVERNING ENTITIES.—This part may not be construed to authorize any cause of action for damages or any civil penalty against any medical facility, any designated officer, any other public health officer, or any governing entity of such facility or officer for failure to comply with the duties established in this part.

''(b) TESTING.—This part may not, with respect to victims of emergencies, be construed to authorize or require a medical facility to test any such victim for any infectious disease.

''(c) CONFIDENTIALITY.—This part may not be construed to authorize or require any medical facility, any designated officer of emergency response employees, or any such employee, to disclose identifying information with respect to a victim of an emergency or with respect to an emergency response employee.

''(d) FAILURE TO PROVIDE EMERGENCY SERVICES.—This part may not be construed to authorize any emergency response employee to fail to respond, or to deny services, to any victim of an emergency.

''(e) NOTIFICATION AND REPORTING DEADLINES.—In any case in which the Secretary determines that, wholly or partially as a result of a public health emergency that has been determined pursuant to section 319(a), individuals or public or private entities are unable to comply with the requirements of this part, the Secretary may, notwithstanding any other provision of law, temporarily suspend, in whole or in part, the requirements of this part as the circumstances reasonably require. Before or promptly after such a suspension, the Secretary shall notify the Congress of such action and publish in the Federal Register a notice of the suspension.

''(f) CONTINUED APPLICATION OF STATE AND LOCAL LAW.—Nothing in this part shall be construed to limit the application of State or local laws that require the provision of data to public health authorities.

''SEC. 2695H. INJUNCTIONS REGARDING VIOLATION OF PROHIBITION.

''(a) IN GENERAL.—The Secretary may, in any court of competent jurisdiction, commence a civil action for the purpose of obtaining temporary or permanent injunctive relief with respect to any violation of this part.

''(b) FACILITATION OF INFORMATION ON VIOLATIONS.—The Secretary shall establish an administrative process for encouraging emergency response employees to provide information to the Secretary regarding violations of this part. As appropriate, the Secretary shall investigate alleged such violations and seek appropriate injunctive relief.

''SEC. 2695I. APPLICABILITY OF PART.

''This part shall not apply in a State if the chief executive officer of the State certifies to the Secretary that the law of the State is substantially consistent with this part.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009, as passed by the Senate. The Energy and Commerce Committee has filed a report which constitutes the legislative history for the House version of this bill. The House bill is nearly identical to the bill before us today.

We worked closely with our Republican colleagues, and I would like to thank Congressmen WAXMAN, BARTON, and DEAL for their hard work on this issue. We also worked with our Senate colleagues to come together on this legislation, and I am proud to say that what we have before us today is both bipartisan and bicameral.

The Ryan White CARE Act was named after a young boy who contracted the AIDS virus from a blood transfusion and sadly lost his life to this horrible disease. Since his death in 1990, we as a Nation have made great strides in preventing and treating HIV/AIDS in large part due to the Ryan White program.

Not so long ago, an HIV/AIDS diagnosis was a guaranteed death sentence. Today, many patients are living full and long lives due to the advancements in treatment and the complicated but effective mix of drugs and therapies that are currently on the market.

In addition, we have made huge progress on education, awareness, and prevention. New knowledge of the disease has allowed for better and more targeted prevention programs that have effectively slowed the spread of HIV/AIDS.

In spite of these advancements, however, Mr. Speaker, there are nearly 40,000 new HIV infections reported each year, and according to the CDC, approximately 1.1 million Americans are currently living with the disease and approximately 51,000 people in my home State of New Jersey. Since the beginning of this epidemic, an estimated 580,000 Americans with AIDS have died.

It is more crucial than ever given the high numbers of Americans suffering

from this disease that we have the Ryan White program. Accounting for roughly 19 percent of all Federal funds that are used on HIV/AIDS care, the program provides treatment and support services to individuals and families living with the AIDS virus and serves over half a million low-income Americans. This program is without a doubt extremely vital in our battle against this epidemic.

The bill before us today does a number of things. It reauthorizes the Ryan White program for 4 years. It increases the authorization amounts to account for the increased number of individuals living with the HIV/AIDS diagnosis. The bill eliminates the sunset provisions so that never again will patients have to fear that their services will abruptly end. It allows States who are still reporting using a code-based system to continue transitioning to a names-based system without disrupting the provision of care to patients, and it ensures that no area receives too much of a cut in funding from the previous year while also making sure that the money does get directed to those areas of the country that are hardest hit by the HIV/AIDS epidemic.

This is a strong bill, Mr. Speaker, that will ensure continued health care services for millions of Americans who depend on them with their lives. And I urge my colleagues to join me in voting for this vitally important bill.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from California (Mrs. CAPPS) for 2 minutes.

Mrs. CAPPS. Thank you to my colleague.

Mr. Speaker, I am rising in strong support of the Ryan White HIV/AIDS Treatment Extension Act, and I want to add my thanks and my acknowledgment to the great work of our committee's chairmen, the ranking members, to swiftly move this extension through the process in a bipartisan and bicameral manner.

The Ryan White HIV/AIDS program has been the critical safety net for Americans diagnosed with HIV and AIDS. Since its inception, we have watched diagnosis and treatment evolve to a point where we can now manage HIV as a chronic condition rather than as a fatal disease.

This issue is especially important in my home State of California, which has the second-largest disease burden in the United States and a significant number of new cases each year, particularly among the Latino population. And in today's world, California—like some other States—is experiencing a severe budget crisis. State HIV and AIDS funding has been drastically reduced.

My district serves as the main source of HIV services between Los Angeles and San Francisco, and I want to ensure that central coast providers have all the resources they need to care for their patients. We need to make sure HIV patients and their families' livelihoods aren't interrupted by our failure to act.

This legislation really is a stopgap measure that we need to ensure that nobody loses their existing services. I am pleased that we haven't hesitated to address the most pressing funding and logistical needs, especially those that affect distribution of funds to population centers.

I am looking forward to the next authorization, when we can address all of the lingering improvements that are necessary to make Ryan White HIV/AIDS programs operate in an even better way for patients. As HIV research and care evolves, we must also respond accordingly. I urge my colleagues to vote in favor of the Ryan White HIV/AIDS Treatment Extension Act.

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent to yield my time to the gentleman from Texas (Mr. BARTON) to control.

The SPEAKER pro tempore. Without objection, the gentleman from Texas is recognized.

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I thank the gentleman from Tennessee for his leadership on this issue until I could arrive on the floor.

Mr. Speaker, I rise in support of the Ryan White HIV/AIDS Treatment Extension Act of 2009. This is the second reauthorization of this piece of legislation. It was originally passed approximately 10 years ago. It was reauthorized the first time, I believe, 4 years ago and expired at the end of this month. And so with the leadership of Chairman WAXMAN and Subcommittee Chairman PALLONE, with the support of Ranking Member DEAL, myself, and Congresswoman MARY BONO, we have been working with the majority to bring this bill to the floor and reauthorize it because of the importance of the programs which it has jurisdiction over.

This is a program which has provided care for millions of Americans that have been affected by HIV and AIDS. It provides primary care services and drug assistance as a payer of last resort for those individuals that have these afflictions.

The bill before us includes several legislative priorities that I would like to highlight. It does allow States additional time to report their HIV/AIDS cases by names versus the old, inaccurate code-based system but does not release States of the requirement to move towards the more accurate name-based reporting.

The bill also continues reforms that were put in place 3 years ago that will move these programs closer to ensuring that funds are allocated to the existing need—and I am going to highlight existing need—for States and localities. The legislation establishes a new HIV/AIDS testing goal of 5 million citizens through Federally supported HIV/AIDS prevention, treatment, and care programs.

The bill also reestablishes the notification of possible exposure to infectious disease provisions, which will allow notification to emergency responders of a possible communicable infectious disease.

Mr. Speaker, I am an original cosponsor of this legislation in this Congress and was chairman 3 years ago when we reauthorized it. This is a high priority for the country and the committee. And again, I am very pleased that Chairman WAXMAN and Subcommittee Chairman PALLONE agreed to a regular order process so that we could reauthorize this bill in a timely fashion.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I would yield 2 minutes to our full committee chair from California (Mr. WAXMAN), who was the original sponsor of the Ryan White Act and has been working on this for years.

Mr. WAXMAN. Mr. Speaker, swift passage of this bill is absolutely essential to the nearly half a million people served by the Ryan White program. Representatives PALLONE, DEAL, BARTON, and I worked with the Senate in a bipartisan and bicameral fashion to develop the bill before us today. We didn't see eye-to-eye on everything, but we all agreed that the HIV/AIDS epidemic isn't a partisan issue and that the Ryan White program must continue.

This bill contains improvements that will strengthen and grow the program over the next 4 years.

I would like to thank the administration, as well as the over 300 HIV/AIDS organizations who developed consensus recommendations that immensely helped the process. The Congressional Black, Hispanic, and Asian Pacific American Caucuses also provided vitally important input.

I would like to thank all of the House staff that worked on the bill: Camille Sealy, Elana Leventhal, Naomi Seiler, Aarti Shah, Melissa Bartlett, Blake Fulenwider, and Ryan Long.

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Finally, I would like to thank Chairman PALLONE, Ranking Member DEAL and Ranking Member BARTON for their work on this important piece of legislation.

I urge all Members to support it.

Mr. BARTON of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to my colleague from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, I want to congratulate Mr. WAXMAN and Mr. BARTON, Mr. DEAL and Mr. PALLONE, our Chair of the Subcommittee. This is tough work.

I rise to express my deep support for the reauthorization of the Ryan White HIV/AIDS program; a debt of thanks to Chairman PALLONE for your outstanding work in New Jersey.

For nearly two decades now, the Ryan White program has made it possible for individuals living with HIV/AIDS to access life-saving services. In the program's early years, I served as the chairman of the Paterson-Passaic-Bergen HIV Planning Council, and I saw firsthand how the Ryan White program reduces health disparities and improves and extends the lives of thousands. Families have been held together because of Ryan White legislation. I see that firsthand day after day.

New Jersey has the fifth largest HIV/AIDS epidemic in the Nation. In my hometown, we have over 1,700 individuals living with HIV/AIDS. Even after 20 years of progress, these sobering facts are a reminder that we still have work to do.

I urge my colleagues to join with me in passing this legislation to extend and provide additional much-needed funding for the vital services provided by the Ryan White program.

Mr. BARTON of Texas. Mr. Speaker, I continue to reserve.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. Let me thank the gentleman from New Jersey for yielding and also for your leadership, and also to our chairman because this is such an important bill. I want to thank both sides for crafting this bipartisan—bicameral, really—compromise. I also wanted to thank you and say that we appreciate your taking into consideration the concerns of the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus.

This bill will strengthen the Minority AIDS Initiative by moving it back to a formula-based grant system requiring a GAO study and a subsequent Department plan by HHS to ensure that the Minority AIDS Initiative functions as it was intended. This initiative was begun under the leadership of Congresswoman MAXINE WATERS in the late nineties and it's working, but it hasn't been fully funded and the resources haven't really been directed to where the need is the greatest.

We have, as you know, a devastating epidemic in the United States, and young gay men, minorities, people of color, and women are facing the brunt of it. We've got to do a better job in protecting those who are most at risk while taking care of those already infected.

I am pleased that the President is developing a National AIDS Strategy to guide our response to this epidemic. As one who has worked consistently over the years on the global HIV pandemic both here and abroad, I think we need a PEPFAR, a domestic PEPFAR. But this is a compromise bill. It will increase the funding 5 percent each year, but I think we must do more.

Also, let me just say that we have to really take a look at some of the interventions that we know will work which are tough political issues to address, such as needle exchange, such as comprehensive sex education, such as this real epidemic. And it is in our prisons. So we have to take many, many steps to really begin to look at how to turn this around and to stamp HIV/AIDS from the face of the Earth.

So I just want to thank you Mr. PALLONE and Mr. WAXMAN, and all of you who have taken the lead in putting this bill together.

Mr. BARTON of Texas. Mr. Speaker, I continue to reserve.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from the Virgin Islands, Dr. CHRISTENSEN, who is also a member of our committee.

Mrs. CHRISTENSEN. Thank you for yielding.

Mr. Speaker, I rise today—on behalf of the more than half million low-income Americans living with HIV/AIDS who rely on this program—in full support of the Ryan White HIV/AIDS Treatment Extension Act of 2009, particularly those in my community where we have the second highest incidence of AIDS in the country.

I applaud the leadership and hard work of Chairmen PALLONE and WAXMAN and Ranking Members BARTON and DEAL, as well as those in the other body, for this bipartisan, bicameral bill.

The Ryan White program plays a pivotal role in addressing the unique health care challenges facing low-income Americans with HIV/AIDS and their families. I would have liked to have seen a more robust investment in this program to end the ADAP waiting lists and more support for the National Minority AIDS Education and Training Center at Howard University, especially when minorities are making up the vast majority of people with HIV/AIDS. But we have the opportunity today to provide assistance to large and midsize cities, States, and territories with high HIV/AIDS incidence and/or prevalence, and to expand access to care and support services for women, infants, children, and youth.

I am particularly pleased that we improve the Minority AIDS Initiative by going back to formula funding and by removing some of the barriers to funding that prevented many eligible entities from applying.

As a physician who cared for AIDS patients from the outset of the epidemic, I cannot express enough how today—how voting in full support of this bill—will mean so much to the hardworking Americans who deserve the opportunity, just like all of us here, to achieve their lives' potentials.

Mr. BARTON of Texas. I continue to reserve, Mr. Speaker.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California, Ms. LYNN WOOLSEY.

Ms. WOOLSEY. Thank you, Chairman PALLONE, for all of your efforts in regards to HIV/AIDS and the efforts that you support, that we support, that we must continue.

I rise in strong support of H.R. 3792, the Ryan White HIV/AIDS Treatment Extension Act of 2009. This legislation provides important funding for life-saving medical and support services that individuals with HIV/AIDS depend upon.

With this reauthorization, we're ensuring that several of the Transitional Grant Areas that were slated to lose access to these grants will continue to receive funding. One of the TGAs is Santa Rosa, California, in my district, which is north of San Francisco. This important change will ensure that Santa Rosa will be able to continue to provide a continuity of care to patients with HIV/AIDS.

The Bay Area is an example for all of us of just how important the funding is that we provide now, and how necessary it is that we increase this funding and that we pay particular attention to prevention of HIV/AIDS; then we won't need so much over time to cure and provide care. But until we prevent, we will be working to help those who are already afflicted.

Again, I urge my colleagues to support this legislation.

Mr. BARTON of Texas. We continue to reserve, Mr. Speaker.

Mr. PALLONE. Mr. Speaker, I will yield myself such time as I may consume.

I just wanted to stress the importance of this in my home State of New Jersey. I know that in my district in New Brunswick we have the headquarters for the Hyacinth Foundation, which is one of the organizations that receives some of the money under the Ryan White Act. The type of work that they have been doing over the last few years to help with HIV/AIDS patients is just incredible. Obviously, we need more research, but the services and the treatment that are provided are really lifesaving for a lot of these patients, and it is so important.

I know that there was some concern about the time running out because of the authorization expiring, but now we are going to guarantee that this money continues. In fact, this bill does not have a sunset provision so that these programs will continue. We won't face this problem of having another deadline in the future. So that is really crucial, and I can't stress it enough.

At this time, I would like to yield such time as she may consume to Representative LEE again.

Ms. LEE of California. Thank you again for yielding.

I just wanted to take a moment to call your attention to several efforts in my own home State and my own home county. One is in Alameda County.

I believe it was in 1999, we had to declare a state of emergency in the African American community, and that state of emergency helped focus attention on what was taking place in the African American community. It helped us really begin to garner resources for those wonderful community-based programs which have survived through this period, but they

need additional resources if we are going to really tackle this epidemic. And so this reauthorization will really help with our state of emergency and those organizations that are helping on the ground with minimal resources doing wonderful work.

Secondly, in my city where our great former colleague, Mayor Ron Dellums, former Congressman Ron Dellums, serves as Mayor, we have initiated, under his leadership, a ''Get Tested'' campaign, which is really about making sure that prevention and education is provided in a very real way to those most at risk. This campaign is working, and again, reauthorization of Ryan White will really help make sure that this campaign is fully successful. Getting tested is such an important strategy, and I would encourage Members, as we move forward and focus on this reauthorization, to make sure that we take some leadership and get tested and show why testing is a key strategy to prevention and education.

Finally, let me say, and I know Ms. CAPPS mentioned the budget crisis in California. I have talked with many of my AIDS providers—and as I said earlier, with minimal resources, they are doing unbelievable work—and now, with not only California but other States in this budget crisis, these organizations are losing their funding. And so, again, the reauthorization of Ryan White is going to help these organizations stay in business and help them provide the services that are desperately needed.

So once again, I just have to thank you, Chairman PALLONE, thank all of you for this reauthorization. And though it's not everything we want, I know it's a compromise, and it's going to go a long way in helping.

Mr. PALLONE. At this time, Mr. Speaker, I have no additional speakers. I just want to thank my colleagues on the Republican side, Mr. BARTON and Mr. DEAL, for making this a truly bipartisan piece of legislation.

At this point, I would urge passage of the bill and yield back the balance of my time.

Mr. BARTON of Texas. Well, I appreciate the opportunity to close the debate.

This is an important piece of legislation. It has been worked over several years on a bipartisan basis. Chairman WAXMAN and Chairman PALLONE have been extremely positive and very gentlemanly in their approach to this bill. We are glad that it is being reauthorized in a timely fashion. We urge a strong bipartisan vote of ''yes'' on this bill.

Ms. PELOSI. Mr. Speaker, for almost two decades, the Ryan White Act has played an essential role in the development and maintenance of systems of care for people living with HIV and AIDS. Today, Congress has the opportunity to continue this lifesaving work.

Essential to our efforts has been the leadership of Chairman FRANK PALLONE of the Energy and Commerce Subcommittee on Health. And I want to especially acknowledge Chairman HENRY WAXMAN for his decades of magnificent and determined leadership in the fight against HIV/AIDS. From day one of this epidemic, HENRY WAXMAN has been on the frontlines leading the charge.

I also want to pay tribute to another great leader who was there from day one of this epidemic: Senator Edward M. Kennedy. Senator Kennedy was tireless in his efforts to ensure the federal government, and the entire health system, eventually rose to the challenge of this crisis with the resources and commitment it demanded. His legacy lives on in the Ryan White Act and the hundreds of thousands of people each year it helps access the medication and primary care they need to stay healthy.

As everyone knows, San Francisco was hit early and was hit hard by the devastation of AIDS. But San Franciscans responded to the needs of our neighbors by developing a system of community-based care that became the model for the Ryan White CARE Act when it was first enacted in 1990. As a result, San Francisco produced data that showed the country comprehensive HIV/AIDS care and services not only saves lives, but also saves money by keeping people healthy and productive.

Today, Ryan White-funded initiatives are a fundamental component of the systems of care upon which low income individuals with HIV and AIDS rely. Declines in AIDS deaths are a direct result of the therapies and services that have been made more widely available through the Ryan White Act to large numbers of uninsured and under-insured people living with HIV and AIDS.

Each year, this legislation ensures access to lifesaving medical services, including pharmaceuticals, for over 500,000 clients—almost half of the individuals living with HIV/AIDS in this country. Passage of the Ryan White reauthorization will continue to increase access to primary care and medications by providing additional resources and facilitating the transition to HIV reporting.

The Ryan White Act has always focused on establishing and maintaining effective systems of health care. This means avoiding drastic cuts that destabilize existing resources. For this reason, many of us were disappointed when the Bush Administration implemented the 2006 reauthorization in a way that caused drastic cuts to several jurisdictions, including the San Francisco Eligible Metropolitan Area. Unfortunately, Senate Republicans objected to correcting these implementation flaws in this reauthorization. However, I remain committed to responding to these needs through the appropriations process, as we have done each year since the Bush Administration first attempted to impose these destabilizing cuts.

The Ryan White HIV/AIDS Treatment Extension Act will continue our commitment to hundreds of thousands of low income people living with HIV/AIDS. In so doing, we will save lives, save money, and help create a healthier America. I urge my colleagues to vote ''yes.''

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

This important program has helped numerous people across the country living with HIV/AIDS by helping to provide funding to states, urban areas, insurance providers, and other organizations for HIV/AIDS related care. It is estimated that the Ryan White Program helps more than half of a million people annually, and legislation to extend this program is incredibly important for those individuals' wellbeing. Reauthorized three times since it was first enacted in 1990 in response to the growing HIV/AIDS crisis, this legislation will help to modernize the program to address present day concerns.

I would be remiss as well if I did not discuss the disproportionate impact that HIV/AIDS has on minority communities and particularly the African-American community. Although African-Americans account for about 13 percent of the U.S. population, they constitute roughly half of all Americans who become infected with HIV/AIDS. According to the Center for Disease Control, the rate of AIDS diagnoses for African-American adults and adolescents is ten times higher than the rate for whites and three times higher than the rate for Latinos. Truly these numbers are way too high, and we must resolve anew to continue to fight this terrible disease.

I encourage my colleagues to join me in supporting the Ryan White HIV/AIDS Treatment Extension Act so that we can offer care to those individuals who are suffering with HIV/AIDS and combat the disease as well.

Ms. CASTOR of Florida. Mr. Speaker, I rise today in strong support of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

In my home State of Florida and in my community in the Tampa Bay area, Ryan White Services are vital. This critical program helps to preserve the lives of many in our communities living with HIV and AIDS. I have heard from so many of my neighbors in recent weeks, pleading that Congress act to ensure that this lifeline continues—today we answer their plea.

In 2004, Ryan White assisted well over 100,000 patients in Florida and nearly 13,000 family members of people living with HIV/AIDS. Those numbers continue to rise.

My community is very active in the Ryan White program. There are many nonprofit organizations that help to facilitate Ryan White and put the program dollars to good use.

I'd like to thank all of the participating organizations in my home town for their work with Ryan White—Metropolitan Charities in both Tampa and St. Petersburg, Operation Hope of Pinellas and the AIDS Service Association of Pinellas, to name just a few that are changing lives for my neighbors.

Mr. Speaker, the Ryan White Program is the only true safety net for many people living with HIV/AIDS to compensate for the lack of health insurance and care that is often not covered by insurers. I look forward to reporting to my neighbors that they can rest assured that this vital program will not be lost.

Mr. KLEIN of Florida. Mr. Speaker, I rise today in strong support of S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009, and thank the distinguished Chairman of the Energy and Commerce Committee, Mr. WAXMAN, and Ranking Member BARTON, as well as the Health Subcommittee Chair, Mr. PALLONE, and Ranking Member DEAL, for bringing this important bill to the floor before the Ryan White program ends at the end of the month.

The Ryan White program is our nation's keystone public health program for the prevention and treatment of HIV/AIDS. Originally enacted in 1990, the Ryan White program provides federal funds to states and metropolitan

areas for health care costs and support services for people living with HIV and AIDS. Some of these services include medical care, drug treatments, dental care, home health care, and outpatient mental health and substance abuse treatment. Over half a million low-income people with HIV/AIDS receive critical health care services through Ryan White, and a third of them lack any health insurance at all.

In addition to preauthorizing the Ryan White program for four years, S. 1793 will increase funding for all programs by 5 percent to meet the growing needs of states, communities, and individuals. Of particular interest for my constituents is the increased funding for the Emergency Relief program, which provides grants to metropolitan areas with very high numbers of AIDS cases for primary care and support services like hospice care, housing, and transportation.

Unfortunately, the City of Ft. Lauderdale, which is in my congressional district, has the fourth highest AIDS rate in America, behind only San Francisco, New York, and Miami. This puts an enormous strain on local resources. Although Broward County has worked very hard to be as efficient as possible with the services they provide, this 5 percent funding increase will be a welcome relief during these difficult economic times.

I am also pleased to see that S. 1793 increases the unobligated fund requirement from 2 percent to 5 percent. As it stands now, this provision penalizes Part A and B grantees if they have more than 2 percent of their award unobligated at the end of a grant year. The consequence is that programs are ineligible to compete for supplemental components of their awards, creating an undue burden on grantees like Broward County who face state and county budget factors such as hiring freezes, purchasing delays and spending caps among other funding obstacles. Boosting this level to 5 percent will create a more realistic requirement for unobligated funds, and I thank the distinguished chairmen and ranking members for correcting this important problem.

Mr. Speaker, it was 28 years ago that the Center for Disease Control and Prevention issued its first warning for AIDS. In the interim, far too many people have died from this terrible disease. But thanks to this hallmark safety net program, the Ryan White program provides a vital lifeline to hundreds of thousands of people living with HIV/AIDS. We cannot let this lifeline end at the end of the month. We must pass this program today so that everyone living with HIV/AIDS can know that our great country will be there to help them when they need it most.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of this legislation reauthorizing the Ryan White CARE Act. I want to commend Chairmen WAXMAN and PALLONE as well as Ranking Members BARTON and DEAL for working in a bipartisan and bicameral fashion in bringing this bill before the House today.

For over two decades, the Ryan White program has been serving people living with HIV and AIDS. It provides medical care, treatment and support services to more than half a million people each year. As a result of this vital and important program, we have some of the best HIV and AIDS treatment programs in the world. Without this critical safety net, several of our nation's most vulnerable populations would not have access or receive the care and treatment they desperately need.

Maryland is one of the States hardest hit by the HIV epidemic. According to the Centers for Disease Control and Prevention, it has the fifth highest estimated rate of living AIDS cases per 100,000 people. Approximately 28,000 Marylanders live with HIV. I am pleased that the legislation continues the current extended exemption policy for 2 years for those States with maturing names-based HIV case data, such as Maryland, that recently made the transition from the code-based system in determining how much Ryan White funding States receive.

Unfortunately, the Ryan White program was scheduled to sunset on September 30. It is now operating under a short-term extension. It is critical that Congress reauthorizes the Ryan White program so that we can continue to provide necessary and lifesaving services to those affected with HIV and AIDS. I urge my colleagues to support the Ryan White HIV/AIDS Treatment Extension Act.

Mr. CONYERS. Mr. Speaker, I rise in strong support of the Ryan White HIV/AIDS Treatment Extension Act of 2009, S. 1793. In our efforts to assist those with HIV/AIDS, the Ryan White Program has been at the forefront, offering lifesaving care for those with this disease.

The Ryan White HIV/AIDS Program allocates federal funds to metropolitan areas and states to assist in reducing health care costs and increasing support services for individuals and families affected by the human immunodeficiency virus or acquired immune deficiency syndrome. The Ryan White Program has been able to serve more than half a million low-income citizens living with HIV/AIDS each year. Of these constituents with HIV/AIDS, 33 percent of them are uninsured and an additional 56 percent are underinsured. This program is facilitated by the Health Resources and Services Administration of the Department of Health and Human Services. Composed of four major parts, the Ryan White HIV/AIDS Program provides grants to urban areas, directs funds to states and territories, pays for the AIDS Drug Assistance Program, and provides grants to both public and private nonprofit entities for family-centered care. This bill also allows for the continued funding for the Minority AIDS Initiative, a program that is attempting to address the impact of this disease on racial minorities.

In December 2006, Congress reauthorized the Ryan White HIV/AIDS Program until September 30, 2009. With 1.1 million persons in the U.S. living with diagnosed or undiagnosed AIDS/HIV, we must ensure that the Ryan White HIV/AIDS Program and the Minority AIDS Initiative are fully funded so that vital services to our neighbors are not cut.

I strongly support the Ryan White HIV/AIDS Program Act and its mission of providing direct care to patients in need. I urge my colleagues to do the same.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise to support swift passage of the Ryan White HIV/AIDS Treatment Extension Act.

As you know, the Ryan White HIV/AIDS Treatment Program is an innovative and effective program that funds HIV/AIDS treatment for low-income, uninsured, and underinsured people. The program provides funding to cities, States, as well as directly to select clinics and care providers for core medical and support services.

In 2009 alone, my home State of Florida received over $209 million in funding through Ryan White to assist countless low-income Americans living with HIV/AIDS.

And while HIV/AIDS is certainly a global and national epidemic, for my congressional district and all of south Florida it is an intensely local one. We know firsthand its impact on individual lives and families in our community.

Miami-Dade County ranks second among large metropolitan areas for people living with AIDS. There are over 32,000 people living with AIDS in Miami-Dade alone. And nearly 12,000 have HIV that has yet to progress to AIDS. These are just the cases we know about.

The fight against HIV/AIDS has many elements, but I cannot stress enough how important the Ryan White Program is within this greater undertaking.

While our commitment to the fight against HIV/AIDS must be both proactive as well as reactive:

Proactive in working together to halt the growth of this epidemic through our efforts at prevention and awareness;

Reactive in our providing of care and treatment earlier in the course of the disease;

Ryan White demonstrates that we must not, and we will not, ever forget about those already afflicted with this terrible disease.

We all recognize the tremendous results that the Ryan White Program has had on providing care for those suffering from HIV/AIDS in the United States. Extending this important program is not just a priority, but a necessity.

I know that through programs such as Ryan White we can, and will, save and improve the lives of countless individuals in my Congressional District and throughout the United States.

I again urge my colleagues to vote in favor of this beneficial bill and look forward to the day when we can call the fight against HIV/AIDS won.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise in strong support of the Ryan White HIV/AIDS Treatment Extension Act.

The Ryan White Act is lifesaving legislation that funds a vast array of innovative and effective services that form the healthcare safety net for uninsured and underinsured Americans living with HIV/AIDS. Ryan White programs are ''payer of last resort,'' which subsidize treatment when no other resources are available.

The program provides medical care, drugs, and support services for 500,000 people a year. It's been a huge success in reducing sickness and death from HIV disease and helping people live longer, more healthy, and productive lives. The Ryan White programs also provide funding and technical assistance to local and state primary medical care providers, support services, healthcare provider and training programs.

Congress must extend this critical law to ensure that vital services are not withheld from people who so desperately need them.

We must pass this legislation, so that Ryan's legacy lives on with his message of love, compassion, and hope.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today in strong support of S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Since its establishment in 1990, the Ryan White CARE Act has delivered vital funding to States and urban areas with large numbers of individual living with the AIDS virus.

In Texas, the number of individuals living with HIV and AIDS increased in the last 10 years. Texas has one of the largest HIV and AIDS populations in the country and we rely heavily on Ryan White dollars to provide quality life-prolonging care to Texans living with HIV and AIDS.

We currently have two Eligible Metropolitan Areas and 3 Transitional Grant Areas under Ryan White CARE Act in our State.

Houston is currently the eighth largest Eligible Metropolitan Area in the Nation, with 10,000 individuals living with AIDS and Ryan White funding helped to provide critical health care and support services to more than 18,000 individuals in Houston in 2006.

In my community in Harris County, our Hospital District utilizes more than $26 million each year to coordinate essential health care and support services for more than 21,000 individuals in our community living with HIV and AIDS.

The importance of this program cannot be overestimated; without CARE Act funds, many Americans living with HIV and AIDS would have no other source for treatment.

The Senate passed their version of the Ryan White HIV/AIDS Treatment Extension Act of 2009 on Monday and I am pleased we were able to work out a bipartisan and bicameral resolution which is reflected in this bill.

Without this vital legislation, millions of individuals would lose their HIV and AIDS treatment and support services. I am pleased we worked swiftly to send this to the President.

Mr. ENGEL. Mr. Speaker, I rise in strong support of the Ryan White CARE Act.

The Ryan White CARE Act holds a very special significance to New York State. As home to 16 percent of the Nation's AIDS population, New York remains the epicenter of the HIV/AIDS crisis. New York has nearly 120,000 residents living with HIV/AIDS and our State and cities have been proud to partner with the Federal Government in providing care for many of these individuals.

New York State receives more than $300 million in Ryan White funds under all parts of the act to provide a range of health care and support services. Through Ryan White programs, 22,000 uninsured New Yorkers receive medications and ambulatory care services and thousands more receive other essential services such as mental health, case management, nutrition, and treatment adherence support services. These individuals must be guaranteed uninterrupted access to these vital services.

It is critical that Congress act swiftly on the reauthorization of the Ryan White Reauthorization which nationwide provides lifesaving medications, health care and support services to over 500,000 people. As you know, unlike most reauthorizations Congress inserted a sunset provision into the act in 2006 requiring Congressional action by September 30, 2009. While we extended temporary funding for the program in the recent CR, it is important that we do not delay enactment of a full reauthorization so that our States, cities and localities can be assured of a stable source of needed funding.

While 3 years ago, this reauthorization was the subject of much disagreement and dissent, we are in a different place today. Fortunately, members on both sides of the aisle, and more than 250 organizations in the United States have worked hard over the past year to develop legislative principles where there is much agreement.

This bill will provide immeasurable assistance to more than half a million low-income people served by the Ryan White CARE Act programs. I urge all my colleagues to support it.

Mr. BARTON of Texas. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, S. 1793.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROE of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1100

NATIONAL PRINCIPALS MONTH

Mrs. DAVIS of California. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 811) expressing support for designation of October 2009 as ''National Principals Month,'' as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 811

Whereas the National Association of Elementary School Principals and the National Association of Secondary School Principals have declared the month of October 2009 as ''National Principals Month'';

Whereas school leaders are expected to be educational visionaries, instructional leaders, assessment experts, disciplinarians, community builders, public relations experts, budget analysts, facility managers, special programs administrators, and guardians of various legal, contractual, and policy mandates and initiatives as well as being entrusted with our young people, our most valuable resource;

Whereas principals set the academic tone for their schools and work collaboratively with teachers to develop and maintain high curriculum standards, develop mission statements, and set performance goals and objectives;

Whereas the vision, dedication, and determination of a principal provides the mobilizing force behind any school reform effort;

Whereas leadership is second only to classroom instruction among all school-related factors that contribute to what students learn at school, according to research conducted by the Wallace Foundation;

Whereas the U.S. Bureau of Labor Statistics estimates that approximately 1 in 3 education administrators works more than 40 hours a week and often works an additional 15–20 hours each week supervising school activities at night and on weekends;

Whereas the NAESP National Distinguished Principals program honors exemplary elementary and middle level public, private, and independent school leaders as well as leaders from the U.S. Department of Defense Schools and the U.S. Department of State Overseas Schools, for outstanding leadership for student learning and the profession;

Whereas the MetLife-NASSP Principal of the Year program began in 1993 as a means to recognize outstanding middle level and high school principals who have succeeded in providing high-quality learning opportunities for students as well as their exemplary contributions to the profession;

Whereas the celebration of ''National Principals Month'' would honor elementary, middle level, and high school principals and recognize the importance of school leadership in ensuring that every child has access to a high-quality education; and

Whereas the month of October 2009 would be an appropriate month to designate as ''National Principals Month'': Now, therefore, be it

Resolved, That the House of Representatives—

(1) honors and recognizes the contribution of school principals to the success of students in our Nation's elementary and secondary schools; and

(2) encourages the people of the United States to observe ''National Principals Month'' with appropriate ceremonies and activities that promote awareness of school leadership in ensuring that every child has access to a high-quality education.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. DAVIS) and the gentleman from Tennessee (Mr. ROE) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. DAVIS of California. Mr. Speaker, I request 5 legislative days during which Members may revise and extend their remarks and insert extraneous material on House Resolution 811 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. DAVIS of California. I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 811, which recognizes the designation of this month, October 2009, as National Principals Month.

This bipartisan resolution introduced by myself and Congressman TODD PLATTS honors and supports the critical role that school leaders play in the lives of our students, because one of the principal reasons behind a school's success is often its strong principal. This is true every day in schools all across our country.

At San Diego High School of International Studies in my district, Principal Karen Wroblewski has been the force behind the school's high ranking and Newsweek's top 100 high schools for 3 years running. Families have been known to camp in Karen's office to garner a spot in the incoming class. This success is only bolstered by the fact that her school is in a historically low-performing educational area and that the student body is one of the most diverse in our city. Understandably,